

Waukesha County Alcohol Treatment Court Participant Handbook

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WAUKESHA COUNTY ALCOHOL TREATMENT COURT

In 2006 Waukesha County implemented the Alcohol Treatment Court Program for alcohol and other drug dependent offenders in response to the serious community problem of OWI as it relates to repeat drunk drivers.

This program's multifaceted approach utilizes a team concept made up of the judge, case manager, case supervisor, defense attorney, district attorney and treatment professionals. It includes routine team staffings, frequent interaction with an OWI/Alcohol Treatment Court Judge, intensive supervision by the program's case manager, intensive treatment, random drug screening, and extensive alcohol testing.

Treatment consists of assessment and treatment planning, individual and/or group counseling for substance use and other issues, regular attendance at community self-help support meetings, assistance with education, life skills, parenting, financial and employment issues.

Positive reinforcement is provided for positive performance in the program. Sanctions and therapeutic interventions will be imposed in response to non-compliance.

The length of the program is determined by each participant's progress through the four phases. Commencement may occur within one year, but it is likely to take additional time beyond that depending on the participant's treatment needs.

Participant Information

Name: _____ Date: _____

Your Case Manager is _____

Your Case Manager's Telephone Number is _____

Your assigned Color is _____

Your Treatment Provider's Telephone Number is _____

Office hours at Attic Correctional Services, Inc. 137 Wisconsin Avenue
Waukesha, Wisconsin 53186 are 8:30am to 6pm Monday through Friday.

Drug Test Times:

Mondays through Friday 1pm to 6pm

You are required to attend treatment at: _____
WHEN/WHERE

Absences: Only you, and NOT a family member are required to call your Case Manager if you will be unable to attend your treatment sessions, meetings with your Case Manager and/or court sessions. Failure to do so may result in sanctions.

DIRECTIONS:

To ATTIC Correctional Services: 137 Wisconsin Ave, Waukesha

From I94W (towards Madison)

Exit 295 (Hwy F) turn Left, go about 2 miles to Barstow, turn Left. Take Barstow about 1.5 miles to Wisconsin Ave, turn Left. Third building on Right.

From I94E (towards Milwaukee)

Exit 295 (Hwy F) turn Right, go about 2 miles to Barstow, turn Left. Take Barstow about 1.5 miles to Wisconsin Ave, turn Left. Third building on Right.
(Please refer to map below)

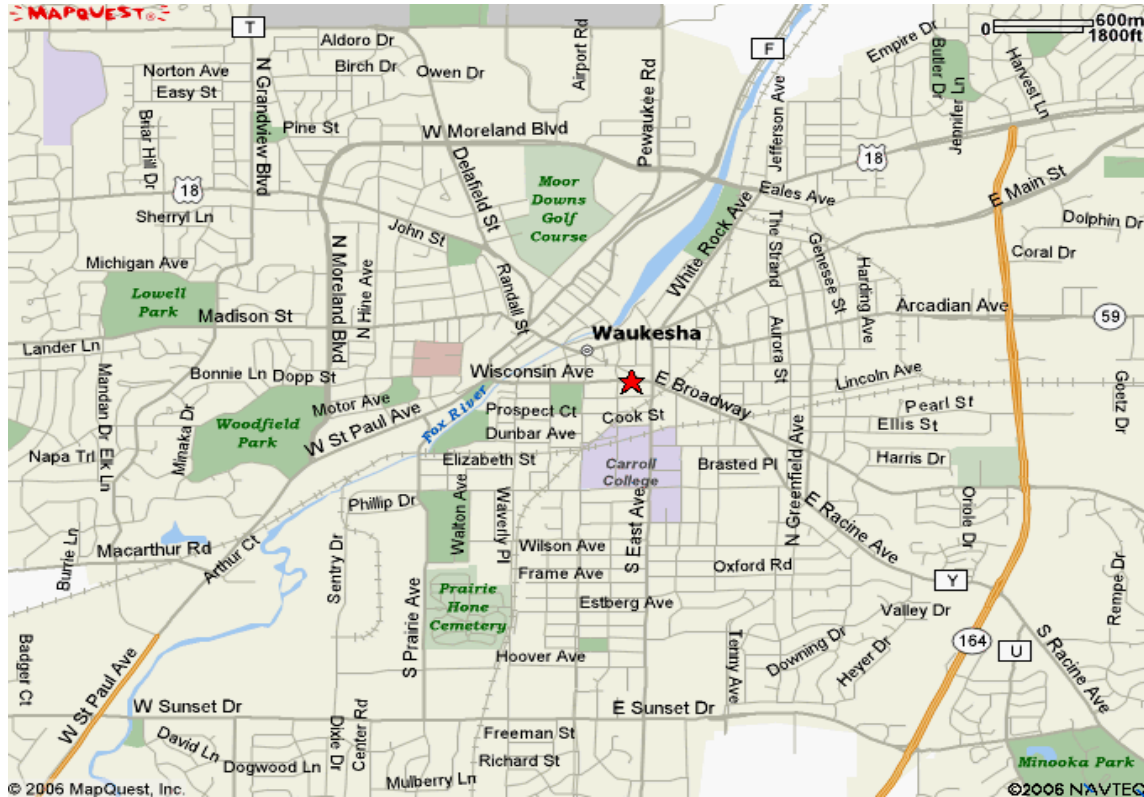
To Waukesha County Courthouse: 515 W. Moreland Blvd.

From I94

Exit 295 (Hwy F) turn Left (if coming from 94 W) turn Right (if coming from 94 E), go about 1.5 miles to Moreland Blvd, turn Right. Go up hill and through stoplight and you will see the courthouse on the Left. Parking is available across the street from the courthouse.

To ATTIC Correctional Services from the Waukesha County Courthouse:

Go East on Moreland Blvd, turn Right on Pewaukee Rd (1st stop light after courthouse). Merge into traffic, then turn Left at 1st stop light which is Barstow. Take Barstow about 1.5 miles to Wisconsin Ave, turn Left. Third building on Right.



Waukesha County Alcohol Treatment Court Rules

1. NO alcohol or drug use
2. NO driving/operating any vehicle without a valid driver's license
3. Meet with Case Manager as directed
4. The Case Manager and/or Supervisor can request an immediate urinalysis/breathalyzer at anytime.
5. The Case Manager/Supervisor reserves the right to conduct a scheduled or nonscheduled home visit at anytime
6. Comply with all treatment requirements
7. Seek Permission of the Alcohol Court Judge, Case Manager and/or Supervisor prior to making plans to leave the immediate area
8. NO use of any medications containing alcohol
9. NO use of any mouthwash containing alcohol
10. Do not use any medications without a physician's prescription
11. Report any or all prescriptions/medications to case manager (including over-the-counter)
12. Do not consume foods containing poppy seeds
13. Report police contact of any sort
14. Follow all probation/parole rules if applicable

YOUR CASE MANAGER NEEDS TO KNOW

1. **Alcohol or Drug Use** *Any* use of drugs or alcohol needs to be self-reported to your case manager
2. **Criminality:** *Any* police contacts, including traffic stops, need to be reported to your case manager
3. **Employment:** *Any* change of employment status need to be reported to your case manager.
4. **Money Management:** *Any* debt, fines, court costs (ie: SCRAM, restitution, child support, etc) or other financial problems need to be reported to your case manager.
5. **Personal Relationships:** *Any* relationship issues that may affect treatment needs to be discussed with your case manager
6. **Health:** *Any* physical health, or mental health issues that may affect treatment need to be discussed with your case manager
7. **Residency:** *Any* change in address or living arrangements, including roommates, need to be reported to your case manager.

Participant Contract

1. I fully agree to participate in the Waukesha County Alcohol Treatment Court Program.
2. I agree to participate in all phases of the program as recommended by my case manager.
3. I understand that if I am referred to a treatment group, I will be involved in the group discussions and agree to actively participate.
4. I agree to abide by all directives and decisions given by the judge and the staff.
5. I understand that no violence or threats of violence or inappropriate conduct is allowed at ATTIC Correctional Services, Inc. Center and that legal prosecution will result from such actions.
6. I understand that all program participation information will be shared with the Alcohol Treatment Court, District Attorney, Defense Attorney and Department of Correction agent if currently on probation.

Search and Urinalysis Policy

I hereby give permission to ATTIC Correctional Services, Inc. staff to search my personal belongings while I am on ATTIC Correctional Services, Inc. property, if I am suspected of carrying contraband. I hereby waive any constitutional objection to any such search and claim for invasion of privacy in connection with such searches.

I understand that as a participant in the Waukesha County Alcohol Treatment Court Program I will be required to provide breath and urine specimens for analysis and that all positive results will be reported to all involved parties, ie. Alcohol Treatment Court Judge, District Attorney, Defense Attorney and Department of Corrections agent, if currently on probation.

Participant Signature

____/____/____
Date

Attorney/Witness

____/____/____
Date

WAUKESHA COUNTY ALCOHOL TREATMENT COURT TEAM MEMBERS

ALCOHOL TREATMENT COURT TEAM

The team consists of the Judge, the Alcohol Treatment Court Coordinator, Case Manager, District Attorney, Defense Attorney and treatment provider. The team reviews each participant's progress in the Alcohol Treatment Court program on a weekly basis. The Team operates on the basis of reaching a professional consensus whenever possible. In the event a consensus cannot be reached, the judge has the final decision making authority on case management issues.

CASE MANAGER

The Case Manager's role is to oversee the participants' recovery and treatment programs and is the link between the court, the participant, and the treatment provider.

The case manager is responsible for:

- assessing potential participants
- monitoring and encouraging participants during their program
- maintaining participant information
- providing the Court with current information about client progress
- recommending treatment changes to the Court

The case manager also has specific responsibilities in the following areas:

- a. **Alcohol Treatment Court Team Staffings** The Case Manager is a member of the Alcohol Treatment Court Team and is responsible for the preparation of cases for review at the team staffings. In addition, the Case Manager may, at anytime, provide information concerning any participant to the Alcohol Treatment Court Judge on a formal or informal basis provided the necessary waivers have been signed by the participant and the content of the communication is made known to the participant.
- b. **Referrals** The case manager refers Alcohol Treatment Court participants to providers for substance abuse treatment and other services as determined in the case plan developed by the case manager and approved by the court. The case manager maintains close contact with the treatment provider and monitors the services received by the participant.

- c. **Case Management** The case manager periodically assesses the progress of each participant and the participant's adherence to the requirements of the Alcohol Treatment Court and the participant's approved case plan. They update the case plan as needed and make recommendations to the court for appropriate changes.
- d. **Other Direct Client Services** The Case Manager provides other services to participants on an as-needed basis, including family counseling, education, group counseling and other activities as may be reasonably appropriate to maintain a client in the Alcohol Treatment Court program.
- e. **Participant Documentation** The case manager maintains a written record on each participant.

DEFENSE ATTORNEY

Each participant may have their attorney attend any and all treatment court staffings that occur prior to each treatment court session as well as the court sessions.

DISTRICT ATTORNEY

A representative of the District Attorney's office may attend all court staffings and treatment court sessions. The District Attorney also makes the initial eligibility determination of each participant.

TREATMENT PROVIDERS

The treatment providers have the primary responsibility for educating the participants and helping them deal with their alcohol and other drug abuse issues. They are responsible for ensuring that each participant is provided the treatment that he or she needs.

THE JUDGE

The judge plays a continuous role in reviewing treatment progress. The judge responds to each participant's positive efforts and noncompliant behavior.

- a. The judge presides over the Alcohol Treatment Court sessions and staffings.
- b. The judge meets weekly with the Alcohol Treatment Court Team and is actively involved in determining appropriate sanctions and incentives.

OVERVIEW OF PROGRAM

	PHASE I 60 Days*	PHASE II 90 Days*	PHASE III 90 Days*	PHASE IV 120 Days*
Judicial Component	Court Appearance Every Two Weeks Staffing Every Two Weeks Sanctions Incentives Phase Advancement	Court Appearance Every Four Weeks Staffing Every Four Weeks Sanctions Incentives Phase Advancement	Court Appearance Every Four Weeks Staffing Every Four Weeks Sanctions Incentives Phase Advancement	Court Appearance Every Eight Weeks Staffing Every Eight Weeks Review of Aftercare Plan Sanctions Incentives Phase Advancement
Supervision Component	Screening Supervision Appointments Weekly (one appt/month is home visit) Monitoring Sanctions Incentives Victim Impact Panel (If not previously attended)	Supervision Appointments Twice/Monthly Monitoring Sanctions Incentives Victim Impact Panel (If not previously attended)	Supervision Appointments Twice/Monthly Monitoring Sanctions Incentives Victim Impact Panel (If not previously attended)	Supervision Appointments Once/Monthly Monitoring Sanctions Incentives Pre-Graduation Conference Exit Interview
Treatment Component	Assessment Treatment Referral Treatment Planning Attend at Least 2 Self-help Sessions/Week Obtain Self-help Sponsor Counseling and Other Collateral Services as Identified in Treatment Plan	Ongoing Reassessment Counseling and Other Collateral Services as Identified in Treatment Plan Attend at Least 2 Self-help Sessions/Week	Ongoing Reassessment Counseling and Other Collateral Services as Identified in Treatment Plan Attend at Least 2 Self-help Sessions/Week	Ongoing Reassessment Counseling and Other Collateral Services as Identified in Treatment Plan Develop Aftercare Plan Attend at Least 2 Self-help Sessions/Week Alumni Program Initiation
Testing Component	Breath/Blood Alcohol Testing at least twice weekly Remote Alcohol Monitoring (SCRAM) Drug Screening as Directed by Supervision and Treatment Providers	Breath/Blood Alcohol Testing at least once weekly Remote Alcohol Monitoring (SCRAM) Drug Screening as Directed by Supervision and Treatment Providers	Testing at least once weekly Breath/Blood Alcohol Remote Alcohol Monitoring (SCRAM) Drug Screening as Directed by Supervision and Treatment Providers	Breath/Blood Alcohol Testing at least once weekly Drug Screening as Directed by Supervision and Treatment Providers
Legal Component	Prosecution and Defense Represented at Staffing and Court Sessions	Prosecution and Defense Represented at Staffing and Court Sessions	Prosecution and Defense Represented at Staffing and Court Sessions	Prosecution and Defense Represented at Staffing and Court Sessions

**All program components represent minimum requirements. Phase length represents minimum time frame required to complete. It is expected that most participants will remain in Alcohol Treatment Court for 12 months.*

**Waukesha County Alcohol Treatment Court
Phase I Contract**

Name _____

ATC Case # (s) _____

In addition to the Rules listed previously, you will also be required to:

1. Report to your supervision Case Manager's office in person at least once per week and/or as directed by the Supervision Case Manager.
2. Attend substance abuse counseling and/or group sessions as directed by your treatment provider
3. Submit to random urinalysis and/or breath/blood tests at least twice weekly as directed by your Supervision Case Manager and/or treatment provider
4. Attend Alcohol Treatment Court at least twice a month
5. Attend at least two Self-help support meetings per week and provide written verification as directed by the Supervision Case Manager.
6. Obtain a sponsor. Contact your sponsor at least once per week and provide written verification as directed by Supervision Case Manager
7. Attend a Victim Impact Panel if available

I understand and agree to abide by all conditions and rules of the Phase I contract. Any violation of these conditions may result in sanctions, incarceration, or expulsion from the program.

I understand that I will be required to serve the minimum mandatory jail sentence of 30 days. I may be eligible to serve this in the main jail, Huber facility, electronic monitoring, or SCRAM as determined by the treatment court Judge.

Participant

Supervision Case Manager

Attorney

Date

While you are in the Program

Your Color is:

While you're in the program, you will be assigned various color codes that tell you when to report for testing.

Listed below are instructions for urinalysis collection/breath/blood tests while you are in the program. Through cooperation with this program, you can help yourself by proving that you are drug and alcohol free.

1. You are assigned a color by your Case Manager
2. Most drug tests are conducted Monday through Friday between 1:00pm and 6:00pm at 137 Wisconsin Avenue, Waukesha, Wisconsin or as otherwise directed. Random testing on weekends and holidays will also occur. You will receive specific instructions as to where and when that will take place by your case manager.
3. You will need to call our local number 262- 513-9616 to receive an automated message indicating which color(s) are required to report for testing on that day.
4. You may be called upon to submit to a preliminary breath at anytime, twenty-four hours a day, seven days a week.

Call each day after 8:00 am to find out if you are required to report for testing. If your color is named report to the office between 1pm-6pm. If your color is not named then you need not to report to our office. Follow the same procedure daily.

Testing Address:	137 Wisconsin Avenue, Lower Level Waukesha, WI 53186
Automated Message	262-513-9616

**Waukesha County Alcohol Treatment Court
Phase II Contract**

Name _____

ATC Case # (s) _____

In addition to the rules listed previously, you will also be required to:

1. Report to your Supervision Case Manager's office in person once every two weeks and/or directed by your Supervision Case Manager
2. Attend substance abuse counseling and/or group sessions as directed by your treatment provider
3. Submit to random urinalysis and/or breath/blood tests at least once a week as directed by your Supervision Case Manager and/or treatment provider. (See Phase 1 for the procedure)
4. Attend Alcohol Treatment Drug Court at least once a month
5. Attend at least two Self-help support meetings per week and provide written verification as directed by your Supervision Case Manager
6. Attend Victim Impact panel (If not previously attended)

I understand and agree to abide by all conditions of the Phase II contract. Any violation of these conditions may result in possible sanctions, incarceration, return to Phase I or expulsion from the program.

Participant_____
Supervision Case Manager_____
Attorney_____
Date

**Waukesha County Alcohol Treatment Court
Phase III Contract**

Name _____

ATC Case # (s) _____

In addition to the rules listed previously, you will also be required to:

1. Report to your Supervision Case Manager's office in person once every two weeks and/or as directed by your Supervision Case Manager.
2. Attend substance abuse counseling and/or group sessions as directed by your treatment provider.
3. Submit to random urinalysis and/or breath/blood tests as directed by your Supervision Case Manager and/or treatment provider.
(See Phase 1 for the procedure)
4. Attend Alcohol Treatment Court at least once a month
5. Attend at least two Self-help support meetings per week and provide written verification as directed by your Supervision Case Manager.
6. Attend Victim Impact panel (If not previously attended)

I understand and agree to abide by all conditions of the Phase III contract. Any violation of these conditions may result in possible sanctions, incarceration, returned to Phase II or expulsion from the program.

Participant_____
Supervision Case Manager_____
Attorney_____
Date

**Waukesha County Alcohol Treatment Court
Phase IV Contract**

Name _____

ATC Case # (s) _____

In addition to the rules listed previously, you will also be required to:

1. Report to your Supervision Case Manager every four weeks
2. Attend Alcohol Treatment Court at least once every two months
3. Attend an aftercare group session once a week for a minimum of 12 weeks
4. Submit to random urinalysis and/or breath/blood tests as deemed necessary by the treatment provider and/or Supervision Case Manager.
5. Attend at least one Self-help support meeting per week and provide written verification as directed by your Supervision Case Manager.
6. Continue contact with your sponsor at least once per week and provide written verification as directed by your Supervision Case Manager.
7. Other _____

I understand and agree to abide by all conditions of the Aftercare Contract. Any violation of these conditions may result in possible sanctions, incarceration, returned to Phase III or expulsion from the program.

****Formal completion of the Alcohol Treatment Court Program means you will never have to serve the balance of your remaining jail days****

Participant_____
Supervision Case Manager_____
Attorney_____
Date

COMMENCEMENT REQUIREMENTS

Participants will graduate from the program (and not be subject to any further jail sentence or sanctions) if the following requirements are met:

1. *NO positive urinalyses and/or breath tests with-in 3 months of commencement.*

If the participant has a positive urinalyses and/or breath test within 3 months of anticipated graduation date, contract will be extended for 3 months from date of positive urinalysis and/or breath test.

2. *NO missed urinalysis and/or breath test within 3 months of commencement.*

First missed urinalysis and/or breath test during last 3 months of contract—extend contract one week. Second or subsequent missed urinalyses and/or breath test during last 3 months of contract—extend contract for 3 months from date of missed urinalysis and/or breath test.

3. *NO missed treatment, court dates, check-in or case management appointments.*

These will not automatically be grounds for denying graduation so long as treatment is successfully completed. Other sanctions will be used for missed check-ins and case management. Court reserves discretion to determine whether contract has been successfully completed so as to entitle participant to graduate.

4. *Complete all 4 phases of the program*

5. *Has paid all financial obligations associated with the offenses ie: fines, costs, attorney fees, Huber fees, SCRAM fees and treatment and assessment costs.*

PROGRAM COMPLIANCE AND NONCOMPLIANCE

As with any alcohol treatment court, a participant's progress is measured through his or her compliance with the treatment regimen. The ultimate goal of the alcohol treatment court is complete abstinence from alcohol use. Alcohol treatment court rewards compliance and sanctions noncompliance.

Treatment providers, the judge and other program staff maintain frequent, regular communication to provide timely reporting of progress and noncompliance and to enable the Court to respond immediately. Responses to compliance and noncompliance are explained verbally and provided in writing to the alcohol treatment court participants at orientation. Periodic reminders are given throughout the treatment process.

Individual treatment providers will establish their own policies and procedures as to when noncompliance reports will be submitted to the Court and other alcohol treatment court team member. Treatment providers **must** provide timely notification/reports to the Alcohol Treatment Court Judge, the Program Coordinator and the other Alcohol Treatment Court team members.

Behaviors that **MUST** be reported as noncompliance include, but are not limited to, failure to attend Self-help support groups (AA/NA) or other 12-step support groups, failure to attend relapse group, failure to provide a urine specimen and/or breath for testing, a positive drug screen and/or breath test, providing a diluted specimen, absences that are not excused, failure to do required sanction, and failure to attend individual or group counseling sessions or alcohol treatment court sessions.

The judge is the ultimate authority for sanctions and incentives concerning alcohol treatment court participants.

The response for compliance will be a reward of any one incentive that includes, but is not limited to, the following:

- Reduced jail time
- Reduced meetings with Case Manager and reduced breath tests
- Encouragement and praise from the judge
- Ceremonies and tokens of progress, including advancement to the next treatment phase
- Special tokens/items
- Early phase promotion, advancement and/or curfew adjustments
- Praise from the Team
- Commencement ceremony

SANCTIONS

Sanctions which MAY be used:

- Time in jail with or without Huber
- Extend time spent in a current phase
- Increase frequency of court appearances
- More Self-help support meetings
- More home/office visits
- Individually Tailored Sanctions
- Electronic Monitoring System/Bracelet
- Phase demotion
- Case management and treatment providers may also respond to violations with increasing frequency of required urinalysis and/or breath tests and/or meetings and/or increasing intensity of treatment.
- Community Service Hours

When sanctions MAY be imposed:

- Driving without a valid license
- Using alcohol or other controlled substance
- Missing urinalysis, provided a diluted specimen, providing a fraudulent specimen
- Missing treatment
- Missing case management appointments
- Missing check-in
- Missing court
- Behavior inconsistent with a commitment to meeting Alcohol Treatment Court goals
- New Arrests for any kind of offense
- Tardy/Missing group sessions with the treatment provider

New Arrests

The following may result in *termination* from the program:

- New OWI arrest
- Arrest on probable cause for a felony
- Arrest on probable cause for a violent misdemeanor;
- Arrest for any aggravated OWI charge
(e.g. causing injury or death, with a minor passenger, etc.)

Tampering with Drug-Testing:

Tampering with urine or interfering with drug testing, including ingesting substances in an attempt to alter the result, putting something in the urine, providing a sample that is not urine or not from the person being tested or in any other manner is a very serious violation. A diluted or altered specimen will **always** be considered to be a positive test. Success in the Alcohol Treatment Court Program depends on a relationship of trust among staff and participants, and participants are expected to be honest and truthful in their interactions with ATC personnel. Therefore tampering offenses may result in termination from the program.

Use violation defined:

A single use of alcohol, controlled substance, or a prescription medication prescribed for another, obtained by fraud or doctor shopping, or in violation of a drug contract counts as one violation. Use occurring before Alcohol Treatment Court entry which is evidenced after entry may count as one violation. Use of a prescription medication prescribed for the participant by a doctor is not a violation if staff is informed of the prescription immediately and approves the drug's use and the prescription is for a legitimate medical condition

INCENTIVES

Reduced time in jail

Graduation to next phase

Praise from the Court

Case called early during court sessions

Longer time between Court appearances

Reduction in Community Service Hours

Certificates of Completion

Coins/tokens or other items

Gift Certificates (Restaurants, book stores, etc)

Reduced time on Electronic Monitoring System

Play/Symphony Tickets

Early Graduation

ATTIC Correctional Services, Inc.**NOTICE OF PRIVACY PRACTICES TO PROGRAM PARTICIPANTS**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

ATTIC Correctional Services, Inc. is committed to protecting the privacy of your medical information. This Notice of Privacy Practices explains how we may use or release your medical information and outlines your privacy rights. Medical information used or released may include information that appears on treatment, payment, and other records used to make decisions about you in the course of providing care, service or other benefits.

YOUR PERSONAL HEALTH INFORMATION RIGHTS**YOU HAVE THE RIGHT TO:**

SEE OR COPY YOUR PERSONAL HEALTH INFORMATION - You have the right to see or copy treatment, payment, and other records used to make decisions about you in the course of providing care, services, or other benefits. Your request must be in writing and should be submitted to the ACS Privacy Officer in the Administration Office, PO Box 7370, Madison WI 53707-7370. We may charge you a fee for costs associated with your request. We are not required to allow you to see or copy psychotherapy notes, or information prepared for use in legal actions or proceedings. Please contact the Privacy Officer for additional information.

CORRECT INFORMATION YOU BELIEVE TO BE INCORRECT OR INCOMPLETE - If you believe that your medical information is incorrect or incomplete, you may submit a request to the Privacy Officer asking that your information be changed. Your request must be in writing and must include the reason(s) why you believe a change should be made. We are not required to approve your request. We will notify you if we approve your request, or explain the reason(s) for our decision if we deny your request.

REQUEST A LISTING OF WHO WAS GIVEN YOUR INFORMATION AND WHY - Upon your request, we will provide you with a list that includes the date we released medical information, the name of the person or organization, a brief description, and the reason for the disclosure. The list will not include releases of information used for treatment, payment,

health care operations, or disclosures that were included on listings previously supplied to you. The list will also not include disclosures made for purposes of national security, to correctional institutions, to law enforcement officials while you are in their custody for certain health care oversight activities, authorized by you in writing, made prior to April 14, 2004, or, made more than 6 years prior to the date of your request. If you request more than one accounting per year, we will charge a reasonable, cost-based fee for each subsequent account, unless you withdraw or modify the request for a subsequent accounting to avoid or reduce the fee. Contact the ACS Privacy Officer for assistance.

REQUEST RESTRICTIONS ON HOW WE USE OR SHARE YOUR PERSONAL HEALTH INFORMATION - You have the right to request a restriction or limitation on how we use or release your medical information for purposes of treatment, payment or health care operations. We ask that you put your request in writing, and submit to the Privacy Officer for evaluation. We are not required to agree to your request, and will contact you if we deny your request.

REQUEST CONFIDENTIAL COMMUNICATION(S)- You may ask that we communicate with you about health matters in a certain way or at a certain location. For example, if you are an outpatient participant, you could request that we contact you at your workplace or via email. We will attempt to accommodate all reasonable requests. To request an alternative method of communication, you must specify how or where you wish to be contacted.

REQUEST A PAPER COPY OF THIS NOTICE- You have the right to request a paper copy of this Notice from us at any time. Please contact the ACS facility you received services or treatment from to request a paper copy.

HOW YOUR PERSONAL HEALTH CARE INFORMATION MAY BE USED WITHOUT YOUR WRITTEN PERMISSION

Your medical information may be used and released by us for purposes of treatment, payment for services, administrative and operational purposes, and to evaluate the quality of the services that you receive. Because we provide a wide range and variety of behavioral health services, not all types of uses and releases can be described in this document. We have listed some common examples of permitted uses and releases below.

FOR TREATMENT – We may share your medical information when we coordinate services you may need, such as clinical assessment, therapy, nutritional services, medications, hospitalization or follow-up care. For

example, your medical information may be given to a pharmacist when you need a prescription filled.

FOR PAYMENT - We may release your medical information for billing purposes or to collect payment for services and treatment that you receive. For example, your medical information may be shared with your health plan to provide billing information for a clinical assessment that you have received. We may also share your medical information with government programs such as Workers' Compensation, Medicaid, Medicare, or the Indian Health Services to coordinate benefits and payment.

FOR HEALTH CARE OPERATIONS - We may use and release your medical information to ensure that the services and benefits provided to you are appropriate and high quality. For example, we may use your medical information to evaluate our treatment and service programs or to evaluate the services of other providers that use government funds to provide health care services to you. We may combine medical information about many individuals to research health trends, to determine what services and programs should be offered, or whether new treatments or services are useful.

TO GOVERNMENT AGENCIES PROVIDING BENEFITS OR SERVICES - We may release your medical information to government agencies or programs that provide similar services or benefits to you if the release is necessary to coordinate the delivery of your services or benefits, or improves our ability to administer or manage the program.

TO KEEP YOU INFORMED - We might contact you about reminders for treatment, medical care or appointments.

We may also contact you to tell you about health related benefits or services that may be of interest to you, and give you information about your care and treatment options.

FOR PUBLIC HEALTH - We may release your medical information to local, state or federal public health agencies, subject to the provisions of applicable state and federal law, for the following types of activities:

- To prevent or control disease, injury or disability or to keep vital statistics records such as data about births and deaths;
- To notify social service agencies that are authorized by law to receive reports of abuse, neglect or domestic violence, and;
- To report reactions to medications or problems with products to the Federal Food and Drug Administration.

FOR HEALTH OVERSIGHT - We may share your medical information with other agencies for oversight activities as required by law. Examples of these oversight activities include audits, inspections, investigations, and licensing activities.

LAW ENFORCEMENT - Your medical information may be disclosed to fulfill a requirement by law or law enforcement agencies. For example, medical information may be used to identify or locate a missing person, suspect, fugitive, or material witness; about the victim of a crime if we are unable to obtain the person's agreement; or about a death we believe may be the result of criminal conduct.

COURT OR OTHER HEARINGS - Your medical information may be disclosed to comply with a court order, subpoena, warrant, summons or similar process.

FOR RESEARCH - We may release your medical information for research projects that have been reviewed and approved by an institutional review board or privacy board to ensure the continued privacy and protection of the medical information.

FOR LAWSUITS AND DISPUTES - If you are involved in a lawsuit or dispute, we may release your medical information about you in response to a legal order. We may also release your medical information in response to a subpoena, discovery request, or other lawful process by another party involved in the dispute, but only if they have made an effort to tell you about the request or to obtain an order protecting the medical information requested.

TO CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS - We may release your medical information to a coroner, medical examiner or funeral director, as necessary to carry out their duties as authorized by law. For example, release of medical information may be necessary to identify a deceased person.

FOR ORGAN DONATIONS - If you are an organ donor, we may release your medical information to an organization that procures, banks or transports organs for the purpose of an organ, eye, or tissue donation and transplantation.

TO AVERT A SERIOUS THREAT TO HEALTH OR PUBLIC SAFETY - We may release your medical information if it is necessary to prevent or lessen a serious threat to your health and safety, the health and safety of another person, or to the general public.

FOR NATIONAL SECURITY AND PROTECTION OF THE PRESIDENT - We may release your medical information to an authorized federal official or other authorized person for the purpose of national security, providing protection to the President, or to conduct special investigations as authorized by law.

TO CORRECTIONAL INSTITUTIONS - If you are an inmate of a correctional institution or in the custody of a law enforcement officer, we may release your medical information to the correctional institution or law enforcement officer, provided the release is necessary to provide you with health care, protect your health and safety, the health and safety of others, or for the safety and security of the correctional institution.

SPECIALIZED GOVERNMENT FUNCTIONS - We may release your medical information to the government for specialized government functions. For example, your medical information may be disclosed to the Department of Veterans Affairs to determine eligibility for benefits

If you do not object and the situation is not an emergency and disclosure is not otherwise prohibited by other laws, we are permitted to release your information under the following circumstances:

TO INDIVIDUALS INVOLVED IN YOUR CARE - We may release your medical information to a family member, other relative, friend or other person whom you have identified to be involved with, or who is otherwise directly involved with your health care or the payment of your health care;

TO FAMILY - We may use your medical information to notify a family member, your personal representative or a person responsible for your care, of your location, general condition or death, and;

TO DISASTER RELIEF AGENCIES - We may release your medical information to an agency authorized by law to assist in disaster relief activities.

REQUIRED BY LAW - In addition to the ways listed previously, your medical information may be disclosed when required by law.

OUR RESPONSIBILITIES

We are required by State and Federal law to maintain the privacy of your medical information. Release of your medical information for reasons other than those necessary for treatment, payment or operations, as outlined in this Notice, or as otherwise permitted by state or federal law, will be made only with your written authorization. You may revoke in

writing, your authorization at any time. If you revoke your authorization, we will no longer release your medical information to the prior authorized recipient(s), except to the extent that we previously relied on your original authorization to release your information.

We are required to abide by the provisions of this Notice. We, however, reserve the right to revise this Notice. We also reserve the right to make the revised Notice effective for the medical information we already have about you, as well as any medical information we create or receive in the future. You may ask for a copy of our current privacy practices whenever you visit one of our facilities for treatment or to receive behavioral health services.

FOR MORE INFORMATION TO REPORT A PROBLEM

You will not lose benefits, eligibility or otherwise be retaliated against for filing a complaint. Please send your written complaints about this Notice, how we handle your medical information, or if you believe your privacy rights have been violated to the Privacy Officer of ATTIC Correctional Services, Inc., PO Box 7370, Madison WI 53707-7370, and telephone 608-223-0017.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services by writing to the Privacy Officer, Department of Health and Human Services, Region V. Office of Civil Rights, 233 North Michigan Avenue, Suite 240, Chicago, III 60611. For additional information, call (312) 886-2359, Fax (312) 886-1807, TDD (312) 353-5693.

ATTIC Correctional Services, Inc.

Receipt and Acknowledgement of

NOTICE OF PRIVACY PRACTICES

You may refuse to sign this acknowledgement.

I acknowledge that I have received a copy of the ACS NOTICE OF PRIVACY PRACTICES.

Participant Name – First, MI, Last (please print)

Participant Signature Date Signed

For ACS Staff Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

Participant refused to sign

Communication barriers prohibited obtaining the acknowledgement

An emergency situation prevented us from obtaining acknowledgement

Other (Please Specify):

Name - ACS Staff Person Making Attempt Date – Attempt Made

Signature – ACS Staff Person Making Attempt Date - Signed

Note: ACS Employee is to remove this page only from Notice and place in participant file.
Participant keeps the 6-page Notice of Privacy Practices document.



Authorization for Use & Disclosure of
Protected Health Information (PHI)
In Criminal Justice System

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I, _____, hereby consent to communication between

(Print Participant Name -subject of PHI)

ATTIC Correctional Services, Inc. (ACS) and individual/agency/entity to whom **PHI** may be disclosed: _____

(Circuit Court No., Dept. of Corrections, DA's Office, Police Dept., Sheriff's Dept., Attorney, Referring Agency or Individual)

The purpose of and need for the disclosure is to inform the criminal justice agency (ies) listed above of my attendance and progress in treatment. The extent of information to be disclosed is my assessment/diagnosis, treatment plan(s), progress notes/summaries, treatment session attendance, my cooperation with the treatment program, prognosis, and any other pertinent treatment information:

Your Rights With Respect To This Authorization

General Statement of Rights: Federal and state laws protect the confidentiality of my PHI including but not limited to: Mental Health -Sec. 51.30, Wis. Stats; & HFS 92, Wis. Admin. Code. Alcohol & Other Drug Abuse -Sec. 51.30 Wis. Stats, HFS 92, Wis. Admin. Code; Minnesota Statute 144.335; and 42 CFR Part 2 Final Rule governing confidentiality of alcohol and drug abuse patient records and that recipients of this information may redisclose it only in connection with their official duties. Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164.

Right to Receive a Copy of This Authorization: I have a right to receive a copy of this form after I sign it.

Right to Refuse to Sign This Authorization: I am under no legal obligation to sign this form however, under certain circumstances permitted under applicable law; refusal to sign may result in denial of services.

Right to Withdraw This Authorization: I have the right to withdraw this authorization at any time by providing a written statement of withdrawal to the individual/agency authorized to disclose PHI. My withdrawal of consent will not be effective until the individual/agency authorized to disclose PHI receives it, and will not be effective regarding the uses and/or disclosures of my PHI made prior to receipt of my withdrawal statement.

Re-disclosure: If I authorize release of PHI to an individual or agency not covered by federal or state laws that prohibit re-disclosure, my PHI may not remain confidential.

Right to Inspect and/or Copy PHI: I have the right to inspect and receive copies of my PHI as permitted by law. I may be charged a reasonable fee for these copies.

INITIAL ONLY ONE I understand that this authorization will remain in effect and cannot be revoked by me until:

_____ There has been a formal and effective termination or revocation of my probation, parole, conditional release or other proceeding under which I was mandated into treatment.

_____ Authorization expires 12 months from the date I sign this authorization.

_____ Authorization expires after the following actions occurs: _____.

I have read or had read to me the contents of the authorization. I have had an opportunity to discuss and ask questions. By signing this authorization, I am confirming that it accurately reflects my wishes regarding disclosures of my PHI. A photocopy, fax or electronic image of this authorization shall be as valid as the original.

Signature of Participant Who is Subject of PHI

Date Signed

Signature of Other Person Legally Authorized to
Consent to Disclosure (If Applicable)

/ Title or Relationship To Individual
Who Is Subject of PHI

Date Signed



CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

I, _____, hereby consent to the disclosure of the specific information listed in this document by:

ATTIC Correctional Services, Inc

(Name of Organization and/or Person Making Disclosure)

to _____, for the following purpose or need:

_____ To verify my psychiatric/drug/alcohol history

_____ To verify contact with your facility

_____ To monitor my progress in treatment

_____ To determine my eligibility

_____ Other (specify) _____

The disclosure of the following specific information is authorized (verbally and/or in writing):

Client's Initials

_____ Name

_____ Social History

_____ Intake Summary

_____ Counselor's Notes

_____ Diagnosis/Prognosis

_____ Statement of Treatment Potential and Recommendation for

Further Treatment

_____ Test Results (specify) _____
(If more space is needed, use the back of this sheet and initial)

_____ Other

This authorization is subject to revocation at any time, and in any case (date, event or condition upon which it will expire) expires 180 days from today, or upon a substantial change in my legal status, whichever occurs later; but can be revoked at any time prior, unless section 2.39 of 42 CFR Part 2 applies.

I make this consent with the guarantee that any written information disclosed under the covenant of this document will be accompanied by a

notice where applicable, which states, "This information has been disclosed to you from records whose confidentiality is protected by Federal Law." Federal regulations (42 CFR, Part 2) prohibit you from making any further disclosure of it without the specific written authorization of the release of medical or other information is NOT sufficient for this purpose. An oral disclosure may be accompanied by, such a notice.

_____/_____/_____
Signature Date

_____/_____/_____
Person Authorized to Consent for Client and Relationship Date

GRIEVANCE PROCEDURE

When a participant has a complaint, or feels his rights are being violated, he may initiate the following grievance procedure:

Step One – Informal Discussion

The complaint procedure may start with the participant's request of their assigned Case Manager for an informal discussion between the parties involved. This request must be made within 30 days of the incident or problem causing the grievance.

Step Two – Complaint Investigation and First Decision:

If no resolution is obtained through Step One, within 45 days of the incident, the person making the complaint should fill out a written complaint form and send it to the Program Coordinator. The Coordinator will study the complaint, make an investigation, and report the findings to the Agency Director. The Director will make a formal written decision within seven days and send it to the client.

Step Three – Hearing and Administrative Decision:

Within 15 days of Step Two decision, the complainant may request that the complaint be forwarded to the County Criminal Justice Collaborating Council Chair (CJCC). The chair or their appointed designee will hold a hearing within 15 days.

Step Four – Final Hearing and Decision:

An impartial decision maker will be appointed by the chair to hear and make a decision for grievances in the final stage. The impartial decision maker will not have participated in making or reviewing the initial appeal and may be an individual, a board, or a commission.

The final stage hearing shall be available only after exhaustion of remedies available in Steps One and Two.

The request for a final determination shall be made within 15 days after a Step Three decision. Within 20 days of conducting a hearing under Step Three, the decision maker shall mail or deliver to the client a written determination, stating the reasons for the findings.

The participant may, at any time, chose to use the courts instead, in which case the grievance procedure will end.

Grievance Procedures

All participants have access to a complaint and appeal process. If you feel you have been treated unjustly or that any of the conditions of your contract agreement have been violated, you have the right to file a complaint.

Participant's Signature

Date

Staff Signature

Date

***Self-Help Group
Attendance Report***

Group Attended: _____

Meeting Place: _____

Date Attended: _____

Secretary Signature: _____

Topic/Step Discussed: _____

How I was helped: _____

How I helped others: _____

Participant's Signature

Date

***Self-Help Group
Attendance Report***

Group Attended: _____

Meeting Place: _____

Date Attended: _____

Secretary Signature: _____

Topic/Step Discussed: _____

How I was helped: _____

How I helped others: _____

Participant's Signature

Date

***Self-Help Group
Attendance Report***

Group Attended: _____

Meeting Place: _____

Date Attended: _____

Secretary Signature: _____

Topic/Step Discussed: _____

How I was helped: _____

How I helped others: _____

Participant's Signature

Date